

2153

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>1-2</u>	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>586</u>
Town of _____	or _____	Local Registrar's No. _____	
City of <u>Globe</u>	(No. _____ St. _____ Ward _____)		
FULL NAME OF CHILD <u>Earl Francis Cordy</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>M.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate <u>yes</u>	Date of Birth <u>Oct 1st</u>	191 <u>20</u>	(Month) (Day) (Yr.)
Full Name <u>Earl Cordy</u>	FATHER	Full Maiden Name <u>Ethel Stark</u>	MOTHER
Residence <u>Globe</u>		Residence <u>Globe</u>	
Color or Race <u>White</u>	Age at last Birthday <u>23</u>	Color or Race <u>White</u>	Age at last Birthday <u>19</u>
	(Years)		(Years)
Birthplace <u>M. D.</u>		Birthplace <u>Ariz.</u>	
Occupation <u>Painter</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 1 19120 at 4:00 A. M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) B. J. Fox
(Attending physician, midwife, householder, etc.)

Given or Christian name added from a supplemental report _____ 191_____

Address Globe
B. J. Fox

Filed Oct 3 1920

LOCAL REGISTRAR.

534-1001-522
COUNTY REGISTRAR.

Filed 11-5 1920 A True Copy

COUNTY REGISTRAR.